MMCG (2) Limited

Ashmead Care Centre

Inspection report

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11 August 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Ashmead Care Centre is a care home that provides nursing and personal care for up to 108 older people. At the time of our inspection there were 108 people using the service including those living with dementia. The care home accommodates people in six units, two on the ground floor, two on the first floor and two on the second floor.

People's experience of using this service and what we found
The home was not always responsive to people's activities needs. The home was updating the activity needs of people, had employed an activities co-ordinator and external training for staff was in place, although the current individual and group activities were not quite meeting people's needs. The registered manager and staff regularly assessed and reviewed people's care needs and updated their care plans accordingly. This included any communication needs. People were provided with person-centred care by staff who knew them and their preferences well. People were given choices, and encouraged to follow their routines, interests and maintain contact with friends and relatives to minimise social isolation. People and their relatives were given easy to understand information about the service to decide if they wanted to move in. Complaints were appropriately recorded, investigated and responded to.

People and their relatives said that the Ashmead Care Centre was a safe place to live and staff told us it was a safe place to work. People had any risks to them regularly assessed and reviewed. This meant they were able to take acceptable risks, enjoy their lives and live safely. Any accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough appropriately recruited staff to meet people's needs. Trained staff safely administered medicines. The home used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy were up to date.

The home had a management and leadership team that was transparent with a culture of openness, positivity and honesty. The provider's vision and values were clearly set out, understood by staff and followed by them. Areas of responsibility and accountability were identified, and a good service maintained and reviewed. Audits were thorough and records kept up to date. Where possible community links and working partnerships were established and kept up to minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and met people's needs in a professional, open and friendly way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 September 2019). The overall rating for the service remains good. This is based on the findings at this inspection.

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective and caring.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Recommendations
We have made recommendations regarding the activities provided for people and how some areas of the home and mealtimes can be better used to enhance the experience of people using the service.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Responsive section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashmead Care Centre on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ashmead Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors, an Expert by Experience and a Care Quality Commission (CQC) Specialist Advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ashmead Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection took place on 09 and 11 August 2022 and was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke in person with the registered manager, regional manager and quality assurance team. We spoke with 23 people using the service, six relatives, 13 staff and three health care professionals to get their experience and views about the care provided. We reviewed a range of records. They included staff rotas, recruitment, training and supervision, people's care and medicine records, risk assessments, care plans and reviews and a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People were protected from the risk of abuse.
- People and their relatives told us they felt Ashmead Care Centre was a safe place to live in and staff treated them in a kind and respectful manner. This was reflected in our observations of people's body language, particularly towards staff which was relaxed and positive indicating that they felt safe. One person said, "A very nice home, I am very lucky to be here." Another person told us, "Everybody is nice. They treat me very well." Other comments included, "The staff are very polite and respectful", "It's a nice place, staff are welcoming" and "They are polite, they talk to me nicely."
- Staff were trained to identify abuse towards people, knew the appropriate action to take if encountered, and were aware of how to raise a safeguarding alert. There was no current safeguarding activity. The provider had a safeguarding policy and procedure that was provided for staff.
- Staff advised people how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management
- People were risk assessed and their safety monitored.
- People were kept safe by staff who were trained in safeguarding. One staff member told us, "I feel able to raise any concerns. I don't have any."
- People were able to take acceptable risks and enjoy their lives safely. This was because staff were aware of and followed risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed.
- The staff team was well-established, familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "Generally, it [the care] has been wonderful. Staff really make an effort to keep people safe."
- General risk assessments included reference to equipment used to support people. This equipment was regularly serviced and maintained.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.
● The management team explained their duties and responsibilities regarding MCA and DoLS which corresponded to the legislation requirements.

Staffing and recruitment
● The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.
● People were provided with flexible care by staff in sufficient numbers to meet their needs. Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. One relative said, "Staff always have time for me, pop in for a chat with mum and all know her name which is great."
● The majority of people told us there were enough staff on duty to meet their support needs. One person commented, "Yes, there are enough [staff] around." Another person said, "They come pretty quick [in response to call bells]." A third person told us, "They sometimes seem overworked."
● One staff member said they would welcome an additional carer on each shift saying, "The ratios are calculated as sufficient but there's so much to do. I try to spend time with people." This was discussed with the registered manager who said they would review the dependency tool.
● The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a three-month probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

Using medicines safely
● People received their medicines safely.
● Medicines were safely administered, regularly audited and appropriately stored and disposed of.
● People's medicines records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection
● We were assured that the care home was using PPE effectively and safely.
● We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons. A staff member said, "We understand and follow the procedures."
● Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
● The care home had a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.
● We observed that staff wore masks in line with current guidance and wore gloves and aprons appropriately when required.
● People told us that the home environment was kept clean and hygienic. We observed a domestic member of staff cleaning people's bedrooms and using the time to interact positively with each person. They also

ensured people were having enough fluids on a particularly hot day.

Visiting Care Homes

● The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

● The home kept regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they were confident in and prepared to use.

● Any safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.

● Healthcare professionals thought the home provided a safe environment for people to live in.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always provided with enough opportunities to engage with others and take part in activities of their choosing.
- People told us that they would welcome more things to do. Typical comments included, "They don't have much going on. It's in the lounges mainly", "It's boring, nothing to do", "I'd rather be doing something" and, "I just watch the ruddy telly." The level of people participating in activities varied, depending on which unit they were on. We saw some people participating in activities, although the activities were in the development stage. Some of the activities were a little outdated, such as asking people what their favourite colour was and then getting them to hold that area of a multi coloured large tent that was then lifted and down together to music. People were also encouraged to join in with sing-a-longs.
- We also observed staff playing catch with people in one lounge, throwing an inflatable ball. Staff also danced with people prior to lunch being served. One person told us, "We play ball and watch the TV. I'd like to get out more."
- Many people remained in bed, in their rooms because of ongoing health conditions or because the weather was so warm, and it was very quiet when we walked down the corridors. There was not much social interaction between people and staff. Many people were in bed just watching television. Another person said, "I would like to see more activities. A boat trip would be good."
- People were supported to develop and maintain relationships, and this meant they avoided social isolation.

We recommend the provider continues to develop individual and group activities for people.

- The interaction we did see was very positive with people enjoying one to one chatting and interaction with staff. One person told us, "I do daily exercises, my hobbies are writing, and painting and I sing to other residents [people using the service] too."
- The home was rolling out activity training for staff that was being delivered by the Wandsworth care home in-reach team and was taking place during our visit. The training included encouraging and supporting people to participate and we saw some people participating in activities as part of the training sessions.
- The level of people participating in activities varied, depending on which unit they were on as the roll out was ongoing and the activities were in the development stage. One activity involved asking people what their favourite colour was and then getting them to hold that area of a multi coloured large tent that was then lifted up and down together to music. People were also encouraged to join in with sing-a-longs.
- Staff skills were also being developed to acknowledge that any support, including personal care provided for people was an activity for them and this was an opportunity for staff to engage with people and make

their day happier.
● An activities co-ordinator had been recruited and was due to start work in the near future. Staff were being encouraged to take on more activity's roles, alongside their caring ones. A member of the domestic staff had brought their guitar in to entertain people and often came in on weekends, when off duty to play for people.
● People had access to a variety of indoor and outdoor spaces where they could engage in social activities with one group of friends meeting in a shady part of the garden every day. One person said, "It's alright here. There isn't a lot of interaction with staff, but that doesn't bother me. In general terms it's very good."
● People were encouraged to keep in contact with relatives, and relatives to visit. A relative of one former person using the service was raising funds with an aim of buying a minibus for the home so that people could make better use of local places of interest such as the river Thames, Richmond Park and Kew Gardens.

● The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People received person centred care that meant they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
● The registered manager and staff at all levels of seniority made themselves available to people and their relatives to discuss any wishes or concerns they might have. One person said, "The [registered] manager and staff are always there when you need them."
● People and their relatives made decisions about their care, and the way it was delivered, with staff support. Staff met people's needs and wishes in a timely way and manner that people were comfortable with and enjoyed. A relative told us, "Staff are happy and that rubs off on the residents [people using the service]."
● People and their relatives were encouraged and supported to participate in their care planning, as much as possible. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. More person-centred information about the person could however be provided to staff in summary format providing increased opportunity for engagement and interaction.
● Care records were kept in a secure place and access was limited to those with overall responsibility for the day-to-day care of people using the service. One staff member said, "I do not write the plans, but I get the chance to read them."
● A 'What makes me' document was in two of the care files we looked at. One person had completed the document themselves and another had with assistance from staff giving valuable information about their past, their important relationships and interests. It was however difficult to see how this knowledge was applied to the care plans in place and, overall, the care plans appeared task not person focussed.
● The provided assessments and background information for one person made it clear that they wished to be addressed by an alternative name and regarded themselves as being of a different gender. We noted that staff were inconsistent in recording information such as daily notes using the persons chosen name and gender.
● More consideration could also be given to the environment and mealtimes to help enhance people's wellbeing. We observed Kiss FM being played at varying volumes on a radio during a mealtime which may not have been appropriate for some people using the service. Staff interaction tended to be brief and the mealtime lacked co-ordination. It was also noted that a balcony area by the dining room was sparse with one old tomato plant, a bench and a chair provided. The area was not welcoming in appearance. The interior decoration of each unit was comfortable with some pictures and reminiscence boxes provided. There was little provided for staff to use for interaction or for people to engage with in the communal areas.

We recommend the provider reviews how some areas of the home and mealtimes can be better used to enhance the experience of people using the service.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The AIS was being followed by the provider, home and staff who communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
● People told us staff communicated clearly with them which enabled them to understand what they meant and were saying. We saw easy to understand photos were used on a large notice board displayed in the dining room which helped people make informed choices about what they ate at mealtimes.
● Staff made great efforts to ensure people understood what they were saying to them, the range of choices and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with.
● The home and provider provided easy to understand written information for people and their families to help them decide if they wished to move into Ashmead Care Centre.
● Staff explained to us what one person's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans. A relative said, "They understand [person using the services] needs and wishes so well."

Improving care quality in response to complaints or concerns
● The system for logging, recording and investigating complaints was robust and followed.
● The majority of people told us they were happy with the service they received and had no concerns. One person told us they saw the manager regularly and felt able to raise any concerns with her.
● People and their relatives said they were informed of the complaints procedure and how to use it. One person said, "I have no complaints but if I did, I know who to go to."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home's culture was person-centred, open, inclusive, and empowering. They acknowledged that the activities provided required to be improved, were a work in progress and staff activities training was being rolled out.
- People said the home was very well-led and this was reflected in people's positive, relaxed body language towards the registered manager and staff that indicated the service was provided in a way that met their needs. One person said, "She [Registered manager] is amazing and very helpful." Another person told us, "The manager is always visible." A relative said, "From the minute we walked in everything felt natural. The [registered] manager speaks proactively, has the ability to listen and the staff attitude is lovely, they genuinely want to know about mum."
- Relatives said the registered manager was excellent and the home well organised and run. Staff worked hard to meet people's needs, make their lives enjoyable. A relative said, "The [registered] manager is very good. What she says, she does." A staff member said, "I can talk to the managers here. They are very open, and I feel comfortable raising any issues."
- The services provided were explained so that people and their relatives understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the organisation's vision and values. They were understood by staff, and people said reflected in the staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people when things went wrong.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff contributing a positive and proactive attitude. A relative said, "If something goes wrong, they don't try and hide it, they let us know."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff clearly understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.

● The quality assurance systems contained indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. This was reflected by the praise from people and their relatives.
● Regularly reviewed audits carried out by the registered manager, staff and provider were thorough and kept up to date. These included care plans, clinical analysis, documentation and health and safety. There was also a monthly regional director service report and development plan. This meant people received an efficiently run service.
● Records evidenced that safeguarding alerts, complaints and accidents and incidents were investigated, documented and procedures followed. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
● People, their relatives and staff told us they had the opportunity to voice their views about the service. One person told us, "They really do listen." A relative said, "If I've got a problem, I go to the nurse and they always have time for me." A staff member said, "The [registered] manager is very supportive and open to new ideas."
● The registered manager, management team and staff checked throughout our visit that people were happy and getting the care and support they needed in a friendly family environment.
● Staff received annual reviews, quarterly supervision and two monthly staff meetings took place so that they could have their say and contribute to improvements.
● There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing. Relatives said they made regular visits and had frequent contact with the home. They also said that they were kept informed, and up to date with anything about people, good or detrimental and adjustments were made from feedback they gave.
● The provider sent out surveys to people, relatives and staff and suggestions made were acted upon. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

Continuous learning and improving care
● The service improved care through continuous learning.
● There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
● The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.
● Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others
● The provider worked in partnership with others.
● The home maintained close links with services, such as speech and language therapists, physiotherapists, and occupational therapists. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. One relative told us, "There was a smooth transition from hospital that involved the home, GP and palliative care team."

● There was a directory of organisations and useful contacts that was regularly added to and updated.
● Healthcare professionals thought the home was well managed and there were good lines of communication.